

Fill in this information to identify your case:

Debtor 1 **Travis Newton Johnson**
First Name Middle Name Last Name

Debtor 2 **Kimberly Faye Johnson**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number **24-50494**
(if known)

☒ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 272,800.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 154,258.20
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 427,058.20

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 386,262.26
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 5,051.32
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 623,502.00
Your total liabilities	\$ 1,014,815.58

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 7,813.19
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,807.17

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **10,979.19**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 4,971.08
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 1,105.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 6,076.08

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(Spouse if, filing) First Name Middle Name Last Name

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Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service Priority Creditor's Name Special Procedures-Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$4,971.08	\$4,624.00	\$347.08
	When was the debt incurred?	2022 & 2023			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify 1040 Taxes			

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2.2

Vanhemelrijck Law Office

Priority Creditor's Name
2001 N.W Military Highway
Castle Hills, TX 78213

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$80.24** **\$0.00** **\$80.24**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated

☒ Other. Specify **Administrative Expenses**

Postage and Printing

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

ADT Security Services

Nonpriority Creditor's Name
PO Box 371878
Pittsburgh, PA 15250-7878

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

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4.2	Affirm, Inc. Nonpriority Creditor's Name Attn: Bankruptcy 650 California St, Fl 12 San Francisco, CA 94108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number MULTIPLE When was the debt incurred? Opened 10/19 Last Active 11/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-PMSI	\$200.00
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4.3	American Health Imaging Nonpriority Creditor's Name 8627 Cinnamon Creek Dr, Bldg 2 San Antonio, TX 78240 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$20,000.00
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4.4	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9701 When was the debt incurred? Opened 7/04/17 Last Active 01/20 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$7,202.00
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4.5	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3671</u> \$6,359.00 When was the debt incurred? <u>Opened 11/10/17 Last Active 01/20</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
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4.6	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8456</u> \$533.00 When was the debt incurred? <u>Opened 2/27/19 Last Active 01/20</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
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4.7	Citibank/Exxon Mobile Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2618</u> \$105.00 When was the debt incurred? <u>Opened 10/23 Last Active 2/02/24</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
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Debtor 1 **Travis Newton Johnson**
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4.8

Citibank/The Home Depot

Nonpriority Creditor's Name

**Citicorp Cr Srvs/Centralized
Bankruptcy
Po Box 790040
St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1394**

\$1,825.00

When was the debt incurred? **Opened 09/23 Last Active 1/19/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.9

City Of Live Oak

Nonpriority Creditor's Name

**8001 Shin Oak Drive
San Antonio, TX 78233**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$100.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Services**

4.1
0

City of Schertz Emergence Medical Svcs

Nonpriority Creditor's Name

**1400 Schertz Pkwy #7
Schertz, TX 78154**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

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4.1
1

Clinical Pathology Laboratories

Nonpriority Creditor's Name

PO Box 141669

Austin, TX 78714-1669

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.1
2

Cozen & Connor

Nonpriority Creditor's Name

1230 Peachtree Street, NE Suite 400

Atlanta, GA 30309

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.1
3

Credit Bureau Systems

Nonpriority Creditor's Name

Attn: Bankruptcy

100 Fulton Court

Paducah, KY 42001

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9205**

\$3,943.00

When was the debt incurred? **Opened 10/23/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

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4.1
4

Credit Bureau Systems

Nonpriority Creditor's Name

**Attn: Bankruptcy
100 Fulton Court
Paducah, KY 42001**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1644** **\$650.00**

When was the debt incurred? **Opened 5/01/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.1
5

Elan Financial

Nonpriority Creditor's Name

**PO Box 108
Saint Louis, MO 63166**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$5,040.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Loan**

4.1
6

First Credit Services

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 55 3 Skiles Ave
Piscataway, NJ 08855**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5497** **\$0.00**

When was the debt incurred? **Opened 11/27/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting - Gold S Gym Marley Station**

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4.1
7

First Credit Services

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 55 3 Skiles Ave
Piscataway, NJ 08855**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5498** **\$0.00**

When was the debt incurred? **Opened 11/27/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting - Gold S Gym Marley Station**

4.1
8

FiServ

Nonpriority Creditor's Name

**PO BOX 2168
Columbus, OH 43216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$300.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.1
9

Gold's Gym International

Nonpriority Creditor's Name

**125 E. John Carpenter FWY, Suite
1300
Irving, TX 75062**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$424.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Service**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

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4.2
0

Greater Texas Orthopedic Associates

Nonpriority Creditor's Name
**2833 Bancrock Rd., Ste 435
Beaumont, TX 77707**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$1,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.2
1

Greater Texas Orthopedic Associates

Nonpriority Creditor's Name
**7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$20,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.2
2

GreenSky

Nonpriority Creditor's Name
**Attn: Bankruptcy
5565 Glenridge Con #700
Columbus, GA 30342**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6223** **\$14,512.00**

When was the debt incurred? **Opened 04/23 Last Active 01/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.2
3

Impact Physicians of Texas, PA

Nonpriority Creditor's Name

PO Box 29288

San Antonio, TX 78229-0288

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.2
4

International Center for Neuroscience

Nonpriority Creditor's Name

730 N. Loop, Suite A

Houston, TX 77009

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$20,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.2
5

Legent Orthopedic + Spine

Nonpriority Creditor's Name

5330 N. Loop 1604 West

San Antonio, TX 78249

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$300,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.2
6

Lvnv Funding/Resurgent Capital

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1041**

\$5,040.00

When was the debt incurred? **Opened 01/22 Last Active 1/17/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **FCollecting - Us Bank Na D/B/A Elan Financia**

4.2
7

Lvnv Funding/Resurgent Capital

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9700**

\$2,534.00

When was the debt incurred? **Opened 10/27/23**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Synchrony Bank Paypal**

4.2
8

Medical Management Concepts

Nonpriority Creditor's Name

**111 N Reynolds Rd
Toledo, OH 43615**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.2
9

Methodist Hospital

Nonpriority Creditor's Name

PO Box 292369

Nashville, TN 37229-2000

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.3
0

Methodist Metropolitan Hospital

Nonpriority Creditor's Name

1310 McCullough Ave

San Antonio, TX 78212

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.3
1

Methodist Metropolitan Hospital

Nonpriority Creditor's Name

1310 McCullough Ave

San Antonio, TX 78212

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.3
2

Michael Pierce

Nonpriority Creditor's Name

c/o Cozen & Connor
1230 Peachtree Street, NE Suite 400
Atlanta, GA 30309

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Notice Only**

4.3
3

Mohela/dept Of Ed

Nonpriority Creditor's Name

633 Spirit Drive
Chesterfield, MO 63005

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

0001

\$1,105.00

When was the debt incurred?

Opened 02/13 Last Active
1/19/24

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☒ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

Educational

4.3
4

Navy FCU

Nonpriority Creditor's Name

Po Box 3700
Merrifield, VA 22119

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

8902

\$13,685.00

When was the debt incurred?

Opened 5/13/19 Last Active
1/19/24

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.3
5

Navy FCU

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **3953**

\$10,127.00

When was the debt incurred? **Opened 5/06/20 Last Active 1/11/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.3
6

Navy FCU

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **7129**

\$162.00

When was the debt incurred? **Opened 06/20 Last Active 1/31/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Check Credit Or Line Of Credit**

4.3
7

Navy Federal Cr Union

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **8902**

\$13,685.00

When was the debt incurred? **Opened 05/19 Last Active 1/19/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.3
8

Navy Federal Cr Union

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 3000

Merrifield, VA 22119

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3953**

\$10,127.00

When was the debt incurred? **Opened 05/20 Last Active 02/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.3
9

**NELSON MULLINS RILEY
SCARBOROUGH, LLP**

Nonpriority Creditor's Name

5830 Granite Parkway, Suite 1000

Plano, TX 75024

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.4
0

Pinata Rent

Nonpriority Creditor's Name

Attn: Bankruptcy

28 Clinton St

Newark, NJ 07102

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **ZF5J**

\$100.00

When was the debt incurred? **Opened 9/02/22 Last Active 4/01/23**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Rental Agreement**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.4
1

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

Attn: Bankruptcy
120 Corporate Boulevard
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6718**

\$2,477.00

When was the debt incurred? **Opened 07/21 Last Active 02/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Factoring Company Account Synchrony Bank**

4.4
2

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

Attn: Bankruptcy
120 Corporate Boulevard
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9961**

\$1,266.00

When was the debt incurred? **Opened 10/19/21**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Factoring Company Account Synchrony Bank**

4.4
3

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

Attn: Bankruptcy
120 Corporate Boulevard
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1732**

\$939.00

When was the debt incurred? **Opened 09/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:**
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Factoring Company Account Synchrony Bank**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.4
4

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Boulevard
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8317** **\$424.00**

When was the debt incurred? **Opened 10/21**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Synchrony Bank**

4.4
5

Security Credit Services

Nonpriority Creditor's Name

**306 Enterprise Dr.
Oxford, MS 38655**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$100.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.4
6

Singleton Associates Pa

Nonpriority Creditor's Name

**777 Forest Lane, Ste 730
Dallas, TX 75230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$500.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.4
7

SmartPay Leasing LLC

Nonpriority Creditor's Name
720 E Pete Rose Way
Cincinnati, OH 45202

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____ **\$500.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Lease Deficiency**

4.4
8

South Texas Physical Group

Nonpriority Creditor's Name
1430 S. Main St.
Boerne, TX 78006

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____ **\$20,000.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.4
9

South Texas Physician Group

Nonpriority Creditor's Name
PO Box 668
Brentwood, TN 37024

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____ **\$100.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.5
0

Syncb/google

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9761**

\$127.00

When was the debt incurred? **Opened 9/04/23 Last Active 1/12/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5
1

Syncb/google

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9696**

\$77.00

When was the debt incurred? **Opened 09/23 Last Active 2/09/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5
2

Syncb/Nautilus

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9961**

\$1,306.00

When was the debt incurred? **Opened 05/19 Last Active 02/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.5
3

Synchrony Bank

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5405**

\$1,488.00

When was the debt incurred? **Opened 01/23 Last Active 2/11/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5
4

Synchrony Bank/Amazon

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6718**

\$2,514.00

When was the debt incurred? **Opened 08/17 Last Active 02/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5
5

Synchrony Bank/JCPenney

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1732**

\$100.00

When was the debt incurred? **Opened 6/02/19 Last Active 8/05/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.5
6

Synchrony Bank/Mills Fleet Farm

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3851** **\$463.00**

When was the debt incurred? **Opened 06/18 Last Active 02/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5
7

Synergy Radiology Associates

Nonpriority Creditor's Name

**POB 208108
Dallas, TX 75320**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$100.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

4.5
8

Td Retail Card Services

Nonpriority Creditor's Name

**Ms Bt Pob 9475
Minneapolis, MN 55440**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3864** **\$1,523.00**

When was the debt incurred? **Opened 09/23 Last Active 1/26/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.5
9

Texas Brain Institue

Nonpriority Creditor's Name

**6808 Hornwood Dr.,
Houston, TX 77074**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$20,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.6
0

Texas Spine Center

Nonpriority Creditor's Name

**20770 US Highway 281 N
San Antonio, TX 78258**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$100,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.6
1

The Emergency Center San Antonio

Nonpriority Creditor's Name

**11320 Alamo Ranch Pkwy
San Antonio, TX 78253**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$1,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

4.6
2

U.S. Bankcorp

Nonpriority Creditor's Name

**Attn: Bankruptcy
800 Nicollet Mall
Minneapolis, MN 55402**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1041**

\$5,240.00

When was the debt incurred? **Opened 12/17 Last Active 03/20**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 4,971.08
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 80.24
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 5,051.32
Total claims from Part 2	6f. Student loans	6f.	\$ 1,105.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 622,397.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 623,502.00

Fill in this information to identify your case:

Debtor 1 Travis Newton Johnson

Debtor 2 Kimberly Faye Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number 24-50494
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Telecommunications

Brightspeed of Eastern TX LLC

1120 S. Tron Street Ste 700
Charlotte, NC 28203

How long employed there?

5 Years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Teacher

PCLC Creekside LLC

2144 Gabriels Place
New Braunfels, TX 78130

2 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,181.07</u>	\$ <u>3,228.33</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>216.67</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,397.74</u>	\$ <u>3,228.33</u>

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 6,397.74	\$ 3,228.33
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 991.88	\$ 312.43
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 219.33	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Child Care Critical Illness	5h.+ \$ 0.00 + \$ 1,222.00 \$ 38.24	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,249.45	\$ 1,534.43
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,148.29	\$ 1,693.90
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Child Support (ends Oct 2024) Son's Contribution (Motorcycle)	8h.+ \$ 700.00 + \$ 0.00 \$ 271.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 971.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 6,119.29 + \$ 1,693.90 = \$ 7,813.19	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,813.19	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Travis Newton Johnson

Debtor 2 Kimberly Faye Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number 24-50494
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Grandson

4

☐ No

☒ Yes

Grandson

5

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 125.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

6. **Utilities:**

6a. Electricity, heat, natural gas	6a. \$	225.00
6b. Water, sewer, garbage collection	6b. \$	75.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: Cell Phones	6d. \$	50.00

Cable and Internet

	\$	70.00
--	----	--------------

Streaming

	\$	10.00
--	----	--------------

7. **Food and housekeeping supplies**

7. \$	1,365.00
-------	-----------------

8. **Childcare and children's education costs**

8. \$	0.00
-------	-------------

9. **Clothing, laundry, and dry cleaning**

9. \$	252.68
-------	---------------

10. **Personal care products and services**

10. \$	120.00
--------	---------------

11. **Medical and dental expenses**

11. \$	158.00
--------	---------------

12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$	301.49
--------	---------------

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$	0.00
--------	-------------

14. **Charitable contributions and religious donations**

14. \$	300.00
--------	---------------

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
---------------------	---------	-------------

15b. Health insurance	15b. \$	0.00
-----------------------	---------	-------------

15c. Vehicle insurance	15c. \$	300.00
------------------------	---------	---------------

15d. Other insurance. Specify: Motorcycle Insurance	15d. \$	100.00
--	---------	---------------

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify:

16. \$	0.00
--------	-------------

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	357.00
---------------------------------	---------	---------------

17b. Car payments for Vehicle 2	17b. \$	0.00
---------------------------------	---------	-------------

17c. Other. Specify: Kawasaki MC	17c. \$	126.00
---	---------	---------------

17d. Other. Specify: Need to replace the vehicle that was totalled.	17d. \$	650.00
--	---------	---------------

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$	0.00
--------	-------------

19. **Other payments you make to support others who do not live with you.**

\$	0.00
----	-------------

Specify:

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	0.00
----------------------------------	---------	-------------

20b. Real estate taxes	20b. \$	0.00
------------------------	---------	-------------

20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
---	---------	-------------

20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
---	---------	-------------

20e. Homeowner's association or condominium dues	20e. \$	0.00
--	---------	-------------

21. **Other:** Specify: **Home Security monitoring**

21. +\$	87.00
---------	--------------

Over the counter supplements

+\$	270.00
-----	---------------

Home needs \$9K in repairs (foundation, fence)

+\$	250.00
-----	---------------

Both Debtors need to save for dental work

+\$	215.00
-----	---------------

22. **Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	7,807.17
----	-----------------

\$	
----	--

\$	7,807.17
----	-----------------

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$	7,813.19
---------	-----------------

23b. Copy your monthly expenses from line 22c above.

23b. -\$	7,807.17
----------	-----------------

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$	6.02
---------	-------------

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **Grandchildren have been residing with Debtor since October, 2023 and will be returning to their parents as late as October, 2024. Once they return, Debtor's will no longer have the \$700/mth in support income but will also no longer have the expenses for the kids, such as food or clothing.**

Fill in this information to identify your case:

Debtor 1 **Travis Newton Johnson**
First Name Middle Name Last Name

Debtor 2 **Kimberly Faye Johnson**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number **24-50494**
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Travis Newton Johnson
Travis Newton Johnson
Signature of Debtor 1

Date July 29, 2024

X /s/ Kimberly Faye Johnson
Kimberly Faye Johnson
Signature of Debtor 2

Date July 29, 2024

Fill in this information to identify your case:

Debtor 1 **Travis Newton Johnson**
First Name Middle Name Last Name

Debtor 2 **Kimberly Faye Johnson**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number **24-50494**
(if known)

☒ Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: American Honda Finance	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2024 Honda Shadow 4000 miles Location: 1027 Nolan Street, San Antonio TX 78202		
Creditor's name: CarMax Auto Finance	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2015 Toyota Prius 120000 miles Location: 1027 Nolan Street, San Antonio TX 78202 - Co-signed for daughter in law and she makes the payments SURRENDER to co-buyer and creditor		
Creditor's name: Flagstar Bank	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

name:

Description of property securing debt: **1027 Nolan Street San Antonio, TX 78202 Bexar County Homestead**

- ☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☒ Yes

Creditor's name: **Navy FCU**

Description of property securing debt: **2015 Nissan Frontier 85000 miles
Location: 1027 Nolan Street, San Antonio TX 78202 - Debtor operates**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☐ No

☒ Yes

Creditor's name: **Performance Finance**

Description of property securing debt: **2020 Kawasaki Vulcan S 20000 miles
Location: 1027 Nolan Street, San Antonio TX 78202 - Son makes the payment**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☐ No

☒ Yes

Creditor's name: **Toyota Financial Services**

Description of property securing debt: **2023 Toyota Hylander 2000 miles
Location: 1027 Nolan Street, San Antonio TX 78202 - Co-signed for son and he makes the payments. SURRENDER to co-buyer and creditor
100% Value \$55,359.75
Debtor have 50% value if any**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☒ No

☐ Yes

Creditor's name: **Toyota Financial Services**

Description of property securing debt: **2023 Toyota Crown 25000 miles
Location: 1027 Nolan Street, San Antonio TX 78202**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☒ No

☐ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

Lessor's name: **ADT Security Services**

☐ No

☒ Yes

Description of leased Property: **Pays \$174.00/month**

Lessor's name: **Daspit Law Firm**

☐ No

☒ Yes

Description of leased Property: **Both Debtors have hired the Daspit Law Firm to represent them in 2 separate personal injury claims.**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Travis Newton Johnson
Travis Newton Johnson
Signature of Debtor 1

X /s/ Kimberly Faye Johnson
Kimberly Faye Johnson
Signature of Debtor 2

Date **July 29, 2024**

Date **July 29, 2024**

Fill in this information to identify your case:

Debtor 1 Travis Newton Johnson

Debtor 2 Kimberly Faye Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Texas

Case number 24-50494
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,069.91	\$ 4,909.28
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

8. Unemployment compensation	\$ 0.00	\$ 0.00
-------------------------------------	----------------	----------------

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
--	----------------	----------------

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 6,069.91	+	\$ 4,909.28	=	\$ 10,979.19
Total current monthly income				

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**

\$ **10,979.19**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **131,750.28**

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

TX

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **104,562.00**

14. **How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Travis Newton Johnson
Travis Newton Johnson

X /s/ Kimberly Faye Johnson
Kimberly Faye Johnson

Debtor 1	Travis Newton Johnson	Case number (if known)	24-50494
Debtor 2	Kimberly Faye Johnson		

Signature of Debtor 1

Signature of Debtor 2

Date **July 29, 2024**
MM / DD / YYYY

Date **July 29, 2024**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Travis Newton Johnson

Debtor 2 Kimberly Faye Johnson
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Texas

Case number 24-50494
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☒ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/22

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. _____ Copy line 11 from Official Form 122A-1 here=>..... \$ 10,979.19

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☐ No. Fill in \$0 for the total on line 3.
- ☒ Yes. Is your spouse Filing with you?
- ☐ No. Go to line 3.
- ☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.
- ☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you are subtracting from your spouse's income

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total. _____	\$ 0.00

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 10,979.19

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,993.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ **79.00**

7b. Number of people who are under 65 X **4**

7c. **Subtotal.** Multiply line 7a by line 7b. \$ **316.00** Copy here=> \$ **316.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ **154.00**

7e. Number of people who are 65 or older X **0**

7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy here=> +\$ **0.00**

7g. **Total.** Add lines 7c and 7f \$ **316.00** Copy total here=> \$ **316.00**

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- ☒ Housing and utilities - Insurance and operating expenses
- ☒ Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.
This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **784.00**

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ **1,743.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Bexar County Tax Assessor	\$ 90.80
Flagstar Bank	\$ 2,277.85

Total average monthly payment \$ **2,368.65** Copy here=> -\$ **2,368.65** Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **0.00** Copy here=> \$ **0.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **484.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2024 Honda Shadow 4000 miles Location: 1027 Nolan Street, San Antonio TX 78202**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **629.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
American Honda Finance	\$ 197.88

Total Average Monthly Payment

\$ **197.88**

Copy here =>

-\$ **197.88**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ **431.12**

Copy net Vehicle 1 expense here =>

\$ **431.12**

Vehicle 2 Describe Vehicle 2: **2015 Nissan Frontier 85000 miles Location: 1027 Nolan Street, San Antonio TX 78202 - Debtor operates**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **629.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Navy FCU	\$ 134.83

Total Average Monthly Payment

\$ **134.83**

Copy here =>

-\$ **134.83**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.

\$ **494.17**

Copy net Vehicle 2 expense here =>

\$ **494.17**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ **0.00**

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,304.31
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 1,222.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 7,028.60
Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$	<u>219.33</u>
Disability insurance	\$	<u>35.30</u>
Health savings account	+ \$	<u>0.00</u>

Total

\$ 254.63

Copy total here=>

\$

254.63

Do you actually spend this total amount?

☐

No. How much do you actually spend?

☒

Yes

\$

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 300.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 554.63

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => Average monthly payment
\$ **2,368.65**

Loans on your first two vehicles:

33b. Copy line 13b here => \$ **197.88**

33c. Copy line 13e here => \$ **134.83**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
Performance Finance	2020 Kawasaki Vulcan S 20000 miles Location: 1027 Nolan Street, San Antonio TX 78202 - Son makes the payment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 93.90
Toyota Financial Services	2023 Toyota Crown 25000 miles Location: 1027 Nolan Street, San Antonio TX 78202	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 977.00
Toyota Financial Services	2023 Toyota Hylander 2000 miles Location: 1027 Nolan Street, San Antonio TX 78202 - Co-signed for son and he makes the payments. SURRENDER to co-buyer and creditor 100% Value \$55,359.75 Debtor have 50% value if any	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,162.66

33e. Total average monthly payment. Add lines 33a through 33d Copy total here=>
\$ **4,934.92** \$ **4,934.92**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ 0.00	$\div 60 =$ \$ 0.00
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☐ No. Go to line 36.
- ☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 4,624.00 ÷ 60 = \$ 77.07

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☐ No. Go to line 37.

☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ 4,049.26

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 10.00

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ 404.93

Copy total
here=> \$

404.93

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$ 5,416.92

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*

\$ 7,028.60

Copy line 32, *All of the additional expense deductions*

\$ 554.63

Copy line 37, *All of the deductions for debt payment*

+\$ 5,416.92

Total deductions

\$ 13,000.15

Copy total here.....=>

\$ 13,000.15

Part 3: Determine Whether There is a Presumption of Abuse**39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income*

\$ 10,979.19

39b. Copy line 38, *Total deductions*

- \$ 13,000.15

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

\$ -2,020.96

Copy
here=>\$

-2,020.96

For the next 60 months (5 years) _____ x 60

39d. Total. Multiply line 39c by 60

39d. \$ -121,257.60

Copy
here=>

\$ -121,257.60

40. Find out whether there is a presumption of abuse. Check the box that applies:

☒ **The line 39d is less than \$9,075*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

☐ **The line 39d is more than \$15,150*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

☐ **The line 39d is at least \$9,075*, but not more than \$15,150*.** Go to line 41.

*Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ _____
x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)
Multiply line 41a by 0.25.....

\$ _____

Copy
here=>

\$ _____

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1. *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2. *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense
or income adjustment

\$ _____
\$ _____
\$ _____
\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Travis Newton Johnson

Travis Newton Johnson

Signature of Debtor 1

Date **July 29, 2024**
MM / DD / YYYY

X /s/ Kimberly Faye Johnson

Kimberly Faye Johnson

Signature of Debtor 2

Date **July 29, 2024**
MM / DD / YYYY

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **09/01/2023** to **02/29/2024**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Brightspeed/United Tele**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$66,345.10** from check dated **8/31/2023** .

Ending Year-to-Date Income: **\$91,781.78** from check dated **12/31/2023** .

This Year:

Current Year-to-Date Income: **\$10,982.80** from check dated **2/29/2024** .

Income for six-month period (Current+(Ending-Starting)): **\$36,419.48** .

Average Monthly Income: **\$6,069.91** .

Debtor 1 **Travis Newton Johnson**
Debtor 2 **Kimberly Faye Johnson**

Case number (if known) **24-50494**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **09/01/2023** to **02/29/2024**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **PCLC Creekside**

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$9,184.63** from check dated **8/31/2023** .

Ending Year-to-Date Income: **\$32,827.06** from check dated **12/31/2023** .

This Year:

Current Year-to-Date Income: **\$5,813.23** from check dated **2/29/2024** .

Income for six-month period (Current+(Ending-Starting)): **\$29,455.66** .

Average Monthly Income: **\$4,909.28** .

United States Bankruptcy Court
Western District of Texas

In re **Travis Newton Johnson**
Kimberly Faye Johnson

Debtor(s)

Case No. **24-50494**

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,900.00
Prior to the filing of this statement I have received	\$	1,900.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

In re Travis Newton Johnson
Kimberly Faye Johnson Debtor(s) Case No. 24-50494

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 29, 2024

Date

/s/ J. Robert Vanhemelrijck

J. Robert Vanhemelrijck 24056468

Signature of Attorney

Vanhemelrijck Law Offices, PC

2001 NW Military

San Antonio, TX 78213

(210) 804-1529 Fax: (210) 598-6359

jrv@vanlaws.com

Name of law firm

Date July 29, 2024

Signature /s/ Travis Newton Johnson
Travis Newton Johnson
Debtor

Date July 29, 2024

Signature /s/ Kimberly Faye Johnson
Kimberly Faye Johnson
Joint Debtor

**United States Bankruptcy Court
Western District of Texas**

In re	Travis Newton Johnson	Case No.	24-50494
	Kimberly Faye Johnson		Chapter
	Debtor(s)		

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date:	<u>July 29, 2024</u>	<u>/s/ Travis Newton Johnson</u> Travis Newton Johnson Signature of Debtor
Date:	<u>July 29, 2024</u>	<u>/s/ Kimberly Faye Johnson</u> Kimberly Faye Johnson Signature of Debtor

Attorney General
Child Support
P.O. Box 12017
Austin, TX 78711

Equifax
PO Box 740241
Atlanta, GA 30374

Experian
PO Box 9701
Allen, TX 75013

HUD
615 East Houston Street, Suite 347
San Antonio, TX 78205

Internal Revenue Service
Special Procedures-Insolvency
P.O. Box 7346
Philadelphia, PA 19101-7346

Texas Comptroller of Public Accounts
c/o Office of the Attorney General
PO Box 12548
Austin, TX 78711

Texas Workforce Commission
Regulatory Integrity Division - Rm.556
101 E. 15th Street
Austin, TX 78778

Trans Union
PO Box 2000
Chester, PA 19022

United States Attorney
601 N.W. Loop 410, Suite 600
San Antonio, TX 78216

United States Attorney General
Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

VA Regional Office
Office of District Counsel
2515 Murworth Drive
Houston, TX 77054

Social Security Administration
Office of General Counsel
1301 Young St Ste 340
Mail Room 104
Dallas, TX 75202

ADT Security Services
PO Box 371878
Pittsburgh, PA 15250-7878

Affirm, Inc.
Attn: Bankruptcy
650 California St, Fl 12
San Francisco, CA 94108

American Health Imaging
8627 Cinnamon Creek Dr, Bldg 2
San Antonio, TX 78240

American Honda Finance
Attn: Bankruptcy
Po Box 168088
Irving, TX 75016

Bexar County Tax Assessor
c/o Karalyssa Casillas
Linebarger Goggan Blair & Sampson
112 E. Pecan Street, Suite 2200
San Antonio, TX 78205

CarMax Auto Finance
Attn: Bankruptcy
Po Box 440609
Kennesaw, GA 30160

Chase Card Services
Attn: Bankruptcy
P.O. 15298
Wilmington, DE 19850

Citibank/Exxon Mobile
Citicorp Cr Srvs/Centralized Bankruptcy
Po Box 790040
St Louis, MO 63179

Citibank/The Home Depot
Citicorp Cr Srvs/Centralized Bankruptcy
Po Box 790040
St Louis, MO 63179

City Of Live Oak
8001 Shin Oak Drive
San Antonio, TX 78233

City of Schertz Emergence Medical Svcs
1400 Schertz Pkwy #7
Schertz, TX 78154

Clinical Pathology Laboratories
PO Box 141669
Austin, TX 78714-1669

Cozen & Connor
1230 Peachtree Street, NE Suite 400
Atlanta, GA 30309

Credit Bureau Systems
Attn: Bankruptcy
100 Fulton Court
Paducah, KY 42001

Daspit Law Firm
440 Louisiana St # 1400
Houston, TX 77002

Desiree Forte
714 Cherry Street
San Antonio, TX 78202

Elan Financial
PO Box 108
Saint Louis, MO 63166

First Credit Services
Attn: Bankruptcy
Po Box 55 3 Skiles Ave
Piscataway, NJ 08855

FiServ
PO BOX 2168
Columbus, OH 43216

Flagstar Bank
Attn: Bankruptcy
5151 Corporate Drive
Troy, MI 48098

Gold's Gym International
125 E. John Carpenter FWY, Suite 1300
Irving, TX 75062

Greater Texas Orthopedic Associates
2833 Bancroft Rd., Ste 435
Beaumont, TX 77707

Greater Texas Orthopedic Associates
7220 Louis Pasteur, Ste. 130
San Antonio, TX 78229

GreenSky
Attn: Bankruptcy
5565 Glenridge Con #700
Columbus, GA 30342

Impact Physicians of Texas, PA
PO Box 29288
San Antonio, TX 78229-0288

International Center for Neuroscience
730 N. Loop, Suite A
Houston, TX 77009

Legent Orthopedic + Spine
5330 N. Loop 1604 West
San Antonio, TX 78249

Lvnv Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603

Medical Management Concepts
111 N Reynolds Rd
Toledo, OH 43615

Methodist Hospital
PO Box 292369
Nashville, TN 37229-2000

Methodist Metropolitan Hospital
1310 McCullough Ave
San Antonio, TX 78212

Michael Pierce
c/o Cozen & Connor
1230 Peachtree Street, NE Suite 400
Atlanta, GA 30309

Mohela/dept Of Ed
633 Spirit Drive
Chesterfield, MO 63005

Navy FCU
Po Box 3700
Merrifield, VA 22119

Navy FCU
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Navy FCU
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Navy Federal Cr Union
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

NELSON MULLINS RILEY SCARBOROUGH, LLP
5830 Granite Parkway, Suite 1000
Plano, TX 75024

Performance Finance
Attn: Bankruptcy
1515 West 22nd Street, Suite 100w
Oak Brook, IL 60523

Pinata Rent
Attn: Bankruptcy
28 Clinton St
Newark, NJ 07102

Portfolio Recovery Associates, LLC
Attn: Bankruptcy
120 Corporate Boulevard
Norfolk, VA 23502

Security Credit Services
306 Enterprise Dr.
Oxford, MS 38655

Singleton Associates Pa
777 Forest Lane, Ste 730
Dallas, TX 75230

Skylear Johnson
714 Cherry Street
San Antonio, TX 78202

SmartPay Leasing LLC
720 E Pete Rose Way
Cincinnati, OH 45202

South Texas Physical Group
1430 S. Main St.
Boerne, TX 78006

South Texas Physician Group
PO Box 668
Brentwood, TN 37024

Synco/google
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synco/Nautilus
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Amazon
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/JCPenney
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Mills Fleet Farm
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synergy Radiology Associates
POB 208108
Dallas, TX 75320

Td Retail Card Services
Ms Bt Pob 9475
Minneapolis, MN 55440

Texas Brain Institute
6808 Hornwood Dr.,
Houston, TX 77074

Texas Spine Center
20770 US Highway 281 N
San Antonio, TX 78258

The Emergency Center San Antonio
11320 Alamo Ranch Pkwy
San Antonio, TX 78253

Toyota Financial Services
Attn: Bankruptcy
Po Box 259001
Plano, TX 75025

U.S. Bankcorp
Attn: Bankruptcy
800 Nicollet Mall
Minneapolis, MN 55402

Vanhemelrijck Law Office
2001 N.W Military Highway
Castle Hills, TX 78213